INDIANA STATE ETHICS COMMISSION



ETHICS DISCLOSURE STATEMENT

CONFLICTS OF INTEREST – DECISIONS AND VOTING
State Form 55860 (R / 10-15)
OFFICE OF THE INSPECTOR GENERAL
IC 4-2-6-9

JUN 7 2021

FILED



In accordance with IC 4-2-6-9, you must fil days after the conduct that gives rise to the agency appointing authority and ethics offic General's website.	e conflict. You must also includ	de a copy o	of the notification prov	ided to your
Name (last)	Name (first)		Name (middle)	
Huckleberry	Leslie		L	
Name of office or agency		Job title	· · · · · · · · · · · · · · · · · · ·	
Family & Social Services Administration		General Counsel		
Address of office (number and street) 402 W. Washington Street, Rm W451		City Indianapolis		ZIP code 46204
Office telephone number (317) 232-1246	Office e-mail address (required, Leslie.Huckleberry@fssa.in.			
Describe the conflict of interest:				
I am the General Counsel for the Indiana Family & So	cial Services Administration (FSSA); F	SSA's progra	ammatic functions Include Ii	censing of all child care
centers in the state, through the Division of Family Re				

The assigned attorneys advise and represent DFR-C	ECOSL regarding child care licensing	g matters and	d administrative appeals as	sociated with licensing
actions by the agency. I am in the process of enrol	ling my child at Saints Francis and 0	Clare Child (Care Ministry; St. Francis	and Clare is regulated
by FSSA and subject to oversight by DF	R-OECOSL.			
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Describe the screen established by your ethics officer: (Attach additional pages as needed.) I will be screened from all matters regarding Saints Francis and Clare Child Care Ministr	ry. My direct reports who may
advise DFR-OECOSL regarding the child care, and the staff who are key personnel who	may interact with the entities,
will be notified of the screen. The Agency Ethics Officer will implement the screen.	
<u></u>	
AFFIRMATION	
Your signature below affirms that your disclosures on this form are true, complete, and knowledge and belief. In addition to this form, you have attached a copy of your written	
appointing authority and ethics officer.	, , ,
Signature of state officer/employee or special state appointee	Date signed (month, day, year) 06/03/2021
Printed full name of state officer, employee or special state appointee	00/00/2021
Leslie Huckleberry	
FOR ETHICS OFFICER USE ONLY	
Your signature below affirms that you have reviewed this disclosure form and that it is to best of your knowledge and belief. You also attest that your agency has implemented to	
Signature of ethics officer	Date signed (month, day, year)
Jessica Keyes	6/7/2021
Printed full name of ethics officer	

From: To: Sullivan, Jennifer Huckleberry, Leslie Keyes, Jessica K

Cc: Subject:

Re: Ethics Screen

Date:

Wednesday, June 2, 2021 12:16:27 PM

Attachments:

image001.png

Thank you!

Jennifer Sullivan, MD MPH
Secretary, Indiana Family and Social Services Administration
402 W Washington Street IGC-S W461
Indianapolis, IN 46204
Jennifer.Sullivan@fssa.in.gov
@confectionsmd
@FSSAIndiana



From: Huckleberry, Leslie < Leslie. Huckleberry@fssa. IN.gov>

Date: Wednesday, June 2, 2021 at 12:02 PM

To: Sullivan, Jennifer < Jennifer. Sullivan@fssa. IN.gov>

Cc: Keyes, Jessica K < Jessica. Keyes@fssa. IN.gov>

Subject: Ethics Screen

Dr. Sullivan,

Attached please find an ethics disclosure statement, which outlines an ethics screen to be implemented for me regarding Saints Francis and Clare Child Care Ministry.

Please let Jessica and I know that you've received this email, and we will include your confirmation with the submission of the disclosure form to the State Ethics Commission. Please also reach out if you have any questions or concerns.

Thank you,

Leslie L. Huckleberry
General Counsel
Indiana Family and Social Services Administration
Ph: (317)232-1246
Leslie.Huckleberry@fssa.in.gov

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